

# Hawaii Application for Individual Insurance Producer License

(Please Print or Type)

☐ New    ☐ Reinstatement

**Check appropriate box for license requested.**

☐ Resident License

☐ Non-Resident License

• Identify Home State: \_\_\_\_\_

• Identify Home State License #: \_\_\_\_\_

① Soc. Security Number - -		② If assigned, National Producer Number (NPN)	
③ If applicable, NASD Individual Central Registration Depository (CRD) Number		④ Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>	
⑤ Last Name JR./SR. etc		⑥ First Name	⑦ Middle Name
⑧ Date of Birth (month) ____ (day) ____ (year) ____			
⑨ Residence/Home Address (Physical Street)		⑩ P.O. Box	⑪ City
		⑫ State	⑬ Zip Code
⑭ Foreign Country			
⑮ Home Phone Number ( ) -		⑯ Gender (Circle One) Male    Female	⑰ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization.)
⑱ Business Entity Name			
⑲ Business Address (Physical Street)		⑳ P.O. Box	㉑ City
		㉒ State	㉓ Zip Code
㉔ Foreign Country			
㉕ Business Phone Number ( ) -		㉖ Business Fax Number ( ) -	㉗ Business E-Mail Address
㉘ Business Web Site Address			
㉙ Applicant's Mailing Address		㉚ P.O. Box	㉛ City
		㉜ State	㉝ Zip Code
㉞ Foreign Country			
㉟ List any other assumed, fictitious, alias, maiden or trade names under which you have used in the past to do business, are currently doing business or intend to do business.			

## Agency or Business Entity Affiliations

㊱ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____

## Employment History

㊲ Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

	From Month	Year	To Month	Year	Position Held
Name					
City                      State                      Foreign Country					
Name					
City                      State                      Foreign Country					
Name					
City                      State                      Foreign Country					
Name					
City                      State                      Foreign Country					
Name					
City                      State                      Foreign Country					

**DO NOT WRITE IN THIS BOX – For State Use Only**

Vendor ID: _____	NCIC _____	\$ _____
License #: _____	PDB _____	\$ _____
Effective Date: _____	C&E _____	\$ _____
Extension Date: _____	Log _____	\$ _____

**Type of License Requested**

(38) Check the license type and line(s) of authority for which you are applying.

**License Types (check one only):****Lines of Authority:**

- |   |   |
|---|---|
| <input type="checkbox"/> Producer                           | ___ Accident and Health or Sickness   |
|   | ___ Casualty  |
| <input type="checkbox"/> Managing General Agent             | ___ Life  |
|   | ___ Marine  |
| <input type="checkbox"/> Reinsurance Intermediary Broker    | ___ Property  |
|   | ___ Surety  |
| <input type="checkbox"/> Reinsurance Intermediary Manager   | ___ Title   |
|   | ___ Variable Annuities – attach copy of CRD report showing that you are registered for securities in Hawaii with NASD |
| <input type="checkbox"/> Surplus Lines Broker               | ___ Vehicle   |
| <input type="checkbox"/> Fraternal Benefit Society Producer | ___ Other – Specify: _____  |

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Limited Lines Motor Vehicle Rental Company Producer | ___ Emergency Sickness             |
|  | ___ Incidental Travel              |
|  | ___ Inland Marine Personal Effects |
|  | ___ Liability                      |
|  | ___ Personal Accident              |
|  | ___ Roadside Assistance            |
|  | ___ Underinsured Motorist          |
|  | ___ Uninsured Motorist             |
|  | ___ Vehicle Related Coverage       |
|  | ___ Other – Specify: _____         |

- |   |  |
|---|--|
| <input type="checkbox"/> Limited Lines Producer | ___ Credit Life                                |
|   | ___ Credit Disability                          |
|   | ___ Travel Disability                          |
|   | ___ Travel Baggage                             |
|   | ___ Vending Machine – Travel Baggage           |
|   | ___ Vending Machine – Travel Disability        |
|   | ___ Personal Lines: Homeowner – Non-Commercial |
|   | ___ Personal Lines: Vehicle – Non-Commercial   |
|   | ___ Newspaper Accident & Sickness              |
|   | ___ Mortgage Disability                        |
|   | ___ Mortgage Guarantee                         |
|   | ___ Mortgage Life                              |
|   | ___ Credit Unemployment                        |
|   | ___ Guaranteed Automobile Protection (GAP)     |
|   | ___ Involuntary Unemployment                   |
|   | ___ Other – Specify: _____                     |

- ☐ Independent Adjuster
- ☐ Public Adjuster
- ☐ Workers Comp – Limited Adjuster

### Background Information

39 The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes \_\_\_\_ No \_\_\_\_

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes \_\_\_\_ No \_\_\_\_

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes \_\_\_\_ No \_\_\_\_

If you answer yes, you must submit an Affidavit in Support of Resident/Nonresident Insurance Producer License Application (Form BKRPT-RES or BKRPT-NR).

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_\_ No \_\_\_\_

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_\_ No \_\_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_\_ No \_\_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

7. Do you have a child support obligation in arrearage? Yes \_\_\_\_ No \_\_\_\_

If you answer yes to Question 7, by how many months are you in arrearage? \_\_\_\_\_ Months

8. Are you the subject of a child support related subpoena or warrant? Yes \_\_\_\_ No \_\_\_\_

### Applicants Certification and Attestation

40 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

\_\_\_\_\_  
Original Applicant Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

\_\_\_\_\_  
Month Day Year

### Attachments

41 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. Resident Producer or Nonresident Producer who resides in a nonreciprocal state: Original passing exam score report of the Hawaii Insurance Exam.
2. Nonresident Producer who holds a resident license in California, Florida or Washington: Original fingerprint card.
3. Managing General Agent or Reinsurance Intermediary Manager: Copy of Hawaii Producer license, Proof of Bond and Proof of Errors and Omissions Policy.
4. Surplus Lines Broker: Copy of Hawaii Producer license.
5. Resident Limited Lines Producer for Personal Lines: Original passing exam score report of the Hawaii Insurance Exam.
6. Independent Adjuster: Original passing exam score report of the Hawaii Insurance Adjuster Exam.
7. Workers Comp – Limited Adjuster: Original passing exam score report of the Hawaii Insurance Workers Compensation Adjuster Exam.
8. Public Adjuster: Surety bond and original passing exam score report of the Hawaii Insurance Adjuster Exam.

### INCOMPLETE APPLICATIONS WILL BE REJECTED AND RETURNED

Mail this application with applicable forms and documents to:

ATTN: Licensing Branch  
Hawaii Insurance Division  
P. O. Box 3614  
Honolulu HI 96811-3614

For express mailing only:  
335 Merchant Street – Room 213  
Honolulu HI 96813